

STATEMENT OF ECONOMIC INTERESTS

Date Received  
 Official Use Only

COVER PAGE

2010 MAR 15 AM 8:08

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Sweeney	Thomas	John		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Alpine County Board of Supervisors

Division, Board, District, if applicable:

District 5

Your Position:

County Supervisor

► If filing for multiple positions, list additional agency(ies)/  
 position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Alpine

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009,  
 through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through  
 December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)

☐ The period covered is January 1, 2009, through the  
 date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through  
 the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

4. Schedule Summary

► Total number of pages  
 including this cover page: 4

► Check applicable schedules or "No reportable  
 interests."

I have disclosed interests on one or more of the  
 attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes - schedule attached  
*Real Property*

Schedule C ☒ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
 and Travel Payments)*

Schedule D ☐ Yes - schedule attached  
*Income - Gifts*

Schedule E ☒ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this  
 statement. I have reviewed this statement and to the best  
 of my knowledge the information contained herein and in any  
 attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
 of California that the foregoing is true and correct.

Date Signed March 2, 2010  
 (month day, year)

Signature \_\_\_\_\_  
 (File the originally signed statement with your filing official.)

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700  
2009/2010

**TOM SWEENEY**

ALPINE COUNTY SUPERVISOR  
DISTRICT 5

---

Economic Development Advisory Committee  
Member

**CG** Great Basin Unified Air Pollution Control Board  
Board Member

- \*RCRC (Regional Council of Rural Counties Board of Directors
- \*CRHMFA Homebuyers Fund - Delegate
- \*Environmental Services Joint Powers Authority – Delegate
- \*California Rural Home Mortgage Finance Corp. - Delegate

Local Agency Formation Commission  
Alternate Commissioner

Mountain Valley EMS Agency  
Alternate Board Member

Sierra Nevada Conservancy – Eastern Sierra Sub-region  
Alternate Board Member

FPPC

\*This is one filing. RCRC is not considered a governmental agency for FPPC purposes.

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name \_\_\_\_\_  
Thomas J. Sweeney

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____	
		Street address
HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
		(Describe)

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>Thomas J. Sweeney</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <u>Regional Council of Rural Counties</u> ADDRESS (Business Address Acceptable) <u>1215 K Street, Suite 1650</u> CITY AND STATE <u>Sacramento CA 95814</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): <u>01/01/09 - 12/31/09</u> AMT: \$ <u>614.69</u> <small>(if applicable)</small> TYPE OF PAYMENT: (must check one)    <input type="checkbox"/> Gift    <input checked="" type="checkbox"/> Income DESCRIPTION: <u>Meals, expense reimbursements</u> <u>and expenses paid by RCRC for Supervisor</u></p>	<p>▶ NAME OF SOURCE <u>California State Association of Counties</u> ADDRESS (Business Address Acceptable) <u>1100 K Street, Suite 101</u> CITY AND STATE <u>Sacramento CA 95814</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): <u>01/01/09 - 12/31/09</u> AMT: \$ <u>0</u> <small>(if applicable)</small> TYPE OF PAYMENT: (must check one)    <input type="checkbox"/> Gift    <input checked="" type="checkbox"/> Income DESCRIPTION: <u>No income or gifts were received.</u></p>
<p>▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one)    <input type="checkbox"/> Gift    <input type="checkbox"/> Income DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small> TYPE OF PAYMENT: (must check one)    <input type="checkbox"/> Gift    <input type="checkbox"/> Income DESCRIPTION: _____</p>

Comments: \_\_\_\_\_